803+896+5199

223883 P2/

STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo		) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA )		
	į	TRANS	PORTATION COVER SHEET	
	) ) ) )	If this is your first	ET ER: OS - 207-T  time filing an application with the PSC, you will not mber. The Commission will assign one to you. If you commission before, a Docket Number was assigned	
			) and should be entered above.	
•	nitted by: OASTAL TAXI, L.C.	Telephone:	843-303-8022	
Addı		Fax:	843-767-8739	
	N. CHARLESTON SC 29418	Other: Email:	COASTALLAXI Q. YMYIL COXI	
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.  NATURE OF ACTION (Check all that apply)				
<u> </u>	Application – Class C Taxi		Request to Amend Scope of Authority	
	Application – Class C Charter		Request to Amend Tariff (rate increase, etc.)	
	Application – Class C Charter Bus		Request to Amend Passenger Limit	
	Application - Class C Non-Emergency		Request	
	Application – Class E Household Goods		Exhibit	
	Application – Class E Hazardous Waste		Late-Filed Exhibit	
	Application		Letter	
	Request for Extension to Comply with Order		Proposed Order	
	Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded	of 🗆	Publisher's Affidavit	
X	Request for Cancellation of Certificate		Reservation Letter	
	Request for Suspension		Response	
	Request for Reinstatement		Return to Petition	
	Request for Name Change on Certificate		Other:	

## Request for Cancellation of Certificate

File the original with:	, Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Sulte 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 5/7/20/0	
Please consider this a request to cancel my	
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	MAD : <b>2010</b>
Non-Emergency Certificate	
Class E Household Goods Certificate	QUEEN à OFFICE
Class E Hazardous Wastes Certificate	
My Certificate Number is PSC 8C CASTA TAXI, U.C. (Name of Company)	DBA(If applicable)
7709 MENDT Jubod dr (Street Address)	(Mailing Address if different from Street Address)
N. CHANTESTON SC 29418 (City, State, Zip Code)	(City, State, Zip Code)
843-303-8027 (Telephone Number)	(Signature)  (Signature)  (Title) Owner, President, etc.